117000041493

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900316427639

U8/08 16--11015 -U22 **25.00

18 AUG -6 AM II: 10
SECRETARY OF STATE
OF THE AMPRICATION OF THE AMPRI

O SIMAMONS AUG 1 () 2018

COVER LETTER

TO:	Registration Se Division of Cor		•	•
CHD III		S QUESOS Y MAS, LLC		
SUBJE	CT:		ited Liability Company	····
The encl	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		YOLY SABILLON		
			Name of Person	
		LA FLORIDA SERVICES	S	
			Firm/Company	
		11356 S. ORANGE BLOS	SSOM TRAIL	
			Address	
		ORLANDO, FL 32837		
			City/State and Zip Code	
		info@lafloridaservices.com		
			to be used for future annual report notif	ication)
For furth	er information co	oncerning this matter, please ca	all:	
YOLY S	SABILLON		407 723-1333	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclosed	I is a check for th	ne following amount:		
\$25.	00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Fl. 32314

TO:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CACHAPAS QUESOS Y MAS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited L	nability Company were med on	
Florida document numberL17000041493	 -	
This amendment is submitted to amend the following	owing:	
A. If amending name, enter the new name o	f the limited liability company	where:
,	, , , , , , , , , , , , , , , , , , , ,	May z D
The new name must be distinguishable and contain the v	vords "Limited Liability Company," th	he designation "LLC" or the abbreviation "LLC."
Enter your principal offices address if a pulish	valela.	養命 古
Enter new principal offices address, if applic		
(Principal office address MUST BE A STREE	<u>.I ADDRESS)</u>	
		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>	·
R If amending the registered agent and	or registered office address	on our records, enter the name of the new
registered agent and/or the new registered of		on our records, enter the name or the new
Name of New Registered Agent:	YAJAIRA TRUJILLO	
New Registered Office Address:	3831 W VINE STREET SUIT	TE 123,125,127
New Registered Office Address:		E 123.125.127 Florida street address
New Registered Office Address:		Florida street address
New Registered Office Address:	Enter i	
New Registered Office Address: New Registered Agent's Signature, if changing I	KISSIMMEE City	Florida street address . Florida 34741
New Registered Agent's Signature, if changing I	KISSIMMEE City Registered Agent:	Florida street address Florida 34741 Zip Code
New Registered Agent's Signature, if changing I I hereby accept the appointment as registere provisions of all statutes relative to the prop	Enter to KISSIMMEE City Registered Agent: Indicate and agree to act in the er and complete performance	Florida street address , Florida \[\frac{34741}{\infty \infty \infty \infty \infty \infty}{\infty \infty \i
New Registered Agent's Signature, if changing I	Enter to Enter to Enter to City Registered Agent: Indicate the disconnection of the Enter to Enter the Enter to Enter the En	Florida street address Florida 34741 Zip Code als capacity. I further agree to comply with the of my duties, and I am familiar with and in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent Signature of New Registered Agent

Page 1 of 3

• If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AP	BERMUDEZ, HELYANTA	3831 W VINE STREET	Add
		SUITE 123,125.127	■ Remove
		KISSIMMEE, FL 34741	□ Change
AMBR	TORRES, LEONARDO	3831 W VINE STREET	Add
		SUITE 123.125.127	□ Remove
		KISSIMMEE, FL 34741	■ Change
		- 	□ Add
			□ Remove
			Change To Add
			SERVICE DE LA
		 -	ORIO Diange
			☐ Remove
			□ Change
			□ Remove
			Change

				
	•			
			س بر	18
			70 50	
			72.5	
			333	当的加
			<u></u>	第15000000000000000000000000000000000000
				5 7 6
			-	
				
Effective date, if other than the date of filing: _ If an effective date is listed, the date must be specific and car	and ha mias to de	10 4° 610 m	(optional)	
Note: If the date inserted in this block does not meet	t the applicable	statutory filing require	ments, this date w	ill not be listed a
document's effective date on the Department of State	e's records.			
			42.04	
ne record specifies a delayed effective date. The 90th day after the record is filed.	e, but not ar	effective time, a	: 12:01 a.m. o	n the earlier
Dated JULY 25,	2018	Δ		
		11/		
1 LYCC	uffici	Hyice		
			.h.s=	
Signature of a men	ther or authorized	representative of a men	iner	

Page 3 of 3

Filing Fee: \$25.00